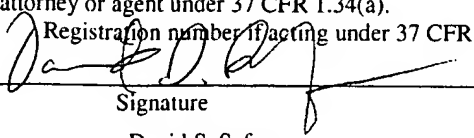


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 033171-47
<p style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: _____</p>	In re Application of Roland HAHN	
	Application Number 10/601,702      Filed 06-24-2003	
	For ADHESIVE TAPE AND PROCESS FOR PRODUCING AND FOR ATTACHING A SEALING ELEMENT TO AN APPLICATION SITE	
	Group Art Unit 1771	Examiner Daniel R. Zirker
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)           <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)           <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)           <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)           <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)         </div> <div style="width: 15%; text-align: right;">           \$ _____            \$450.00            \$ _____            \$ _____            \$ _____         </div> </div> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2478(033171-47)</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;">             _____            Signature            David S. Safran            _____            Typed or printed name         </div> <div style="width: 45%; text-align: center;">           September 21, 2006            _____            Date            703-584-3273            _____            Telephone Number         </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>		
<input type="checkbox"/> Total of _____ forms are submitted.		

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